


United States Bankruptcy Court District of ID		PROOF OF CLAIM		<div style="transform: rotate(-15deg);"> <b>U.S. COURTS</b>  APR 21 1999  REC'D CAMERON S. BURNETT  CLERK OF COURT  THIS SPACE IS FOR  COURT USE ONLY </div>	
In re (Name of Debtor) <b>Janice Woods</b>		Case Number <b>99-00276</b>	DOF Chapter <b>2/9/99 13</b>		
<small>Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.</small>					
Name of Creditor <small>(The person or entity to whom the debtor owes money or property)</small> <b>KEY BANK USA N/A</b>		Check if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check if you have never received any notices from the bankruptcy court in this case. Check if address differs from the address on the envelope sent to you by the court			
Name and Address Where Notices Should Be Sent: <b>KEY BANK USA N/A</b> <b>PO BOX 9510</b> <b>Toledo, OH 43697-9510</b>					
Telephone No. <b>1-800-843-4881</b>					
Account or other number by which creditor identifies debtor: <b>4317957604159427</b>					
1. Basis for Claim <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Goods Sold  <input type="checkbox"/> Services Performed  <input checked="" type="checkbox"/> Money Loaned  <input type="checkbox"/> Person Injury/Wrongful Death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other (Describe Briefly) </td> <td style="width: 50%; vertical-align: top;"> Retiree benefits as described in 11 U.S.C. 1114(a)  Wages, salaries, and compensations (Fill Out Below)  Your Social Security Number _____  Unpaid compensations for services performed from _____ to _____  Date Date </td> </tr> </table>		<input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed <input checked="" type="checkbox"/> Money Loaned <input type="checkbox"/> Person Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe Briefly)	Retiree benefits as described in 11 U.S.C. 1114(a) Wages, salaries, and compensations (Fill Out Below) Your Social Security Number _____ Unpaid compensations for services performed from _____ to _____ Date Date	Check here if this claim _____amends_____replaces a previously filed claim, dated: _____	
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2. Date Debt Was Incurred: <b>May-93</b>		3. If Court Judgment, Date Obtained:			
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as on or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.					
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Amount of arrearage and other charges included in secured claim above, if any \$ _____		<input type="checkbox"/> Unsecured Priority Claim \$ _____ Specify priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - U.S.C. 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental or property or services for personal, family, or household use. 11 U.S.C. 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. 507(a)(7) Other - 11 U.S.C. 507(a)(2), (a)(5) - Describe Briefly			
5. TOTAL AMOUNT OF <div style="text-align: right; font-weight: bold;">\$ 451.58</div>		<div style="text-align: right; font-weight: bold;">\$ 451.58</div>			
CASE FILED: _____ (Secured) _____ (Priority) Mark if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges		Total			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes the debtor.		THIS SPACE IS FOR COURT USE ONLY <div style="font-size: 2em; margin-top: 20px;">16</div>			
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
8. TIME STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
Date 4/21/99					
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <div style="text-align: center;">   Carole R. Brown - Bankruptcy Clerk </div>					